

Croydon Drug and Alcohol Action Team Plan

April 2007 – March 2008



Contents

Introduction	1
Background	1
Executive Summary	3
Diversity	7
Adult Treatment	9
Criminal Justice	11
Alcohol	15
Young People	18
Housing	21
Workforce Development	23
Availability and Enforcement	25
Information and Data	27
Communications	29
Glossary	31
Appendix 1 – Useful contacts	32
Appendix 2 – DAAT Structure	33

Final Draft

Introduction

Drugs are a very serious problem and are more available than ever before. Croydon Drug and Alcohol Action Team (DAAT) is committed to reducing the harms associated with substance misuse and to give people the greatest opportunity to fulfil their potential.

The DAAT is responsible for the development of detailed plans for adult treatment services and young people's services. The DAAT is also responsible for a much broader remit than that includes producing summary plans for the Crime Reduction Strategy and Community Strategy, which reflect the total work of the DAAT but not in any detail. This document pulls together all of the areas of work the DAAT, lists the actions and outcomes that will be achieved and sets them out as an overarching drug strategy for the borough.

The various work streams that the DAAT is responsible for are derived from the national drug and alcohol strategies and locally identified priorities. Each area of work is covered in sections that contain background information on what has been achieved, what the evidence base and best practice guidance suggests and the gaps in local delivery. The aims of what we want to achieve and the actions that will be completed are then detailed.

A list of useful contact details and websites is included at the back of this document.

Background

The first UK national drug strategy was published in 1998. In 2002 the strategy was updated to incorporate lessons from the previous four years and to place more emphasis on certain areas. In particular this related to drug prevention and early interventions for young people, more accessible and better quality drug treatment and reducing drug related crime. The current strategy comes to an end in March 2008 so the Home Office will deliver the next 10 year strategy towards the end of 07/08.

The Alcohol Harm Reduction Strategy for England was launched in 2004 and placed a strong emphasis on partnership delivery at a local level. In June 2007 this strategy was updated. Safe, Social, Sensible builds on the lessons learnt from the previous 3 years and sets out to minimise the health harms, violence and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.

At a national level, the work is co-ordinated by the Crime and Drugs Directorate in the Home Office and the National Treatment Agency for Substance Misuse.

Drug and Alcohol Action Teams have been developed across the country to take responsibility for the implementation of the national drug and alcohol strategies at a local level. DAATs are multi-agency partnerships which should have senior representation from locally agreed organisations. In Croydon the membership of the DAAT is as follows:

Final Draft

Croydon Primary Care Trust
Metropolitan Police
London Probation Authority
Youth Offending Team
Croydon Magistrates
Healthy Croydon Partnership Manager
Croydon Council - Housing
 - Education
 - Social Services
 - Environmental Services
National Treatment Agency / Government Office for London
DAAT Co-ordination Unit

This group is responsible for the development of the local strategy and reviewing progress against it. Croydon DAAT meets four times a year to fulfil these aims.

The DAAT Co-ordination Unit is responsible for ensuring that plans and targets are communicated to providers, that DAAT money is allocated appropriately and for disseminating information that comes out from the Home Office and other Government departments.

There are a number of groups responsible for implementing the work of the DAAT. These include a networking group called the Drug and Alcohol Reference Group and focus groups that concentrate on individual themes within the strategy. The structure chart (Appendix 1) highlights the key local groups. Further information on all of the groups is available from the DAAT Co-ordination Unit.

The DAAT Co-ordination Unit can be contacted at:

Suite D/E
6th Floor
Carolyn House
22-26 Dingwall Road
Croydon
CR0 9XF

Tel 020 8726 6000 x14750
Fax 020 8726 7765

www.croydondaat.org.uk

Executive Summary

1. What is the current situation?

Heroin and crack-use has grown across London impacting on recorded crime rates. It is estimated that there are approximately 3000 problematic drug users in Croydon who are often combining a number of drugs such as crack, heroin and alcohol. There is a strong link between drug misuse and crimes such as shoplifting, burglary, vehicle crime and theft. Heroin, crack and cocaine users are responsible for 50% of these crimes and around three-quarters of crack and heroin users claim to be committing crime to feed their habit. 76% of Croydon's Prolific and Priority Offenders are involved in drug offences and 84% of those offenders are linked to Class A drugs.

There are currently 904 licensed premises in Croydon with 53 located in the town centre. These include off licenses, restaurants, pubs and night clubs. The busiest trading times in the town centre are on a Friday and Saturday night where premises are able to accommodate up to 18,000 people. Irresponsible drinks promotions can encourage binge drinking and create additional pressures on the police and health services. Croydon's town centre has the highest volume of violent crime in the Borough. Ongoing consultation with the community has found that their main crime concern is on the level of alcohol related disorder in the town centre. This impacts on Croydon's image and the fear of crime amongst local residents.

Getting people into treatment quickly can have a significant impact on improving health and reducing crime. There has been extensive expansion of drug treatment services in Croydon over the last six years with the number of people involved in drug treatment programmes increasing from 245 in 1998/99 to 1093 in 2005/06. The majority of these people are being treated for heroin or crack use, but in recent years there has been a significant increase in those presenting for treatment that are using both. This poses challenges for treatment services in being able to successfully meet the needs of this complex client group. Adult alcohol services are under-resourced, in comparison to adult drug services. This is both a national and local issue. Under-resourcing has led to a situation in which it has become extremely challenging to take forward the development of adult alcohol services.

Police intelligence shows that drug offences such as possession and supply is a significant problem in Croydon, especially in respect to Class 'A' drugs, of which crack cocaine and cocaine appear to be the most significant. Drug offences are occurring around the Town Centre and in the deprived areas of Thornton Heath and South Norwood. The highest rates of trigger offences (burglary, theft etc) are also found in and around these drug offence hotspots. There has been an increase in activity targeting suppliers of Class A drugs and a number of high profile operations have been successfully implemented in the last year. Sustained police activity has seen a reduction in the number of crack houses opening in the borough over the last few years.

The most recent Talkabout survey has shown that nearly two thirds of

Final Draft

residents believed there was no particular drug related problems in their community and 28% of residents had seen no evidence of people dealing drugs in the last 12 months. However, significantly fewer residents from the North area (47%) answered that there were no problems in their local community with people using drugs than for the South area (80%). Just under half of residents answered that they have personally seen evidence of people using drugs a few times in the last 12 months. A further 9% answered around once a month, another 6% around once a week and 8% more or less every day. One third of residents commented that they had not seen evidence of people using drugs in the last 12 months. Also, nearly half of residents avoided certain places in their local community in the last twelve months as a direct result of people using drugs.

2. Aims

Enable people with drug and alcohol problems to overcome them and live healthy and crime-free lives by improving the availability, quality, access, retention and overall success of treatment services.

Protect Croydon from drug related anti-social and criminal behaviour by extending and improving the range of local services targeting drug related offenders to reduce the likelihood of further offending.

Stifle the availability of illegal drugs in Croydon by tackling Class A drug markets, particularly crack and heroin.

Help young people resist drug misuse in order to achieve their full potential in society by increasing the availability and quality of drug prevention for young people, particularly those most vulnerable to problematic substance misuse.

To increase awareness of the risks of alcohol misuse and to promote safe and responsible drinking throughout Croydon

Reduce the level of drunkenness, alcohol related crime and disorder and risks to personal safety in the town centre and reassure people that it is a safe place to go out in at night by using a combination of advice, prevention, diversion and enforcement action.

3. Targets

Increase the numbers of people entering drug treatment from 1233 (06/07) to 1450 (07/08).

Increase the proportion of people that are waiting less than 3 weeks for drug treatment from 80% (06/07) to 85% (07/08).

Final Draft

Increase the proportion of people being retained in treatment for 12 weeks or more from 62% (06/07) to 85% (07/08).

Increase the participation of young problem drug users (under 18 years age) in treatment programmes from 308 (06/07) to 354 (07/08).

Ensure 100% of Looked After Children and all young offenders supervised by the Youth Offending Team (YOT) are screened for substance misuse by March 2008.

Ensure 95% of people arrested for trigger offences are tested for Class A drug use.

Ensure 95% of adults who test positive for Class A drug use and have a required assessment imposed, attend and remain at the required assessment.

Ensure 95% of adults taken onto the Drug Interventions Programme caseload engage in treatment.

Achieve 71 Drug Rehabilitation Requirement (DRR) commencements by March 31st 2008.

Increase the number of sanction detections for the supply of Class A drugs from 48 (06/07) to 50 (07/08).

Reduce by 2% public perceptions of drug dealing and drug use by 2010

4. Actions

Increase accessibility across adult and young people's drug services to ensure that more people are able to enter treatment and that waiting time targets are met.

Increase the involvement of GP's in delivering drug treatment including the recruitment of a 'champion GP' or GP with a Special Interest

Increase the capacity and skills of the drug service workforce in order to ensure that clients get the best possible support

Implement a common assessment framework for adult drug services to enhance the co-ordination of care between different agencies

Further develop the framework for service user and carer involvement through the recruitment of a dedicated co-ordinator to improve the development of local services.

Complete the tendering process for the new Drug Intervention Programme Core Team provider to ensure that drug using offenders are identified and supported into treatment to prevent re-offending.

Final Draft

Implement an outreach strategy to improve co-ordination of existing work including the re-tendering of outreach services to further develop targeted work in hotspot locations around the borough.

Deliver drug prevention to young people, particularly those most vulnerable to problematic substance misuse.

Implement consistent screening and referral systems for children's services (i.e. YOT, SSD, CAMHS, PRU's, Truants & Excludes) to ensure that young drug users are identified and supported appropriately.

Develop and implement a framework for the delivery of interventions for children with substance misusing parents.

Develop a multi-agency protocol for the effective closures of premises used for the supply or use of Class A drugs

To increase engagement in treatment and prevent re-offending for problematic drug users by providing temporary accommodation

Continue to target the supply of Class A drugs through the sharing of intelligence between local partners and executing proactive police operations.

Increase access to education, training and employment for ex-drug users to prevent re-offending

Highlight the issues of binge drinking, drink spiking and personal safety during the "Think Safe, Drink Safe" campaign

Information on accessing treatment and support for alcohol problems to be available in all GP practices, Health Centres and libraries through delivering an annual mail out.

Increase the identification of alcohol misuse and the delivery of brief interventions for alcohol users within GP practices through the delivery of training for both GPs and practice nurses

Initiate brief interventions work with patients in A & E and throughout Mayday Hospital who present with alcohol related issues to help engagement with treatment and support

Deliver targeted outreach to street drinkers in the Town centre

Conduct a programme of joint police and Trading Standards inspections of pubs, clubs and bars in the town centre to ensure that they comply with relevant legislation including underage sales and selling to people who are intoxicated.

Celebrate good management of licensed premises using the "Best Bar None" awards

DIVERSITY

WHAT IS THE CURRENT SITUATION?

In Croydon 39% of the population classified themselves as belonging to a Black and Minority Ethnic (BME) group (including those individuals of White Irish origin and mixed parentage). The largest ethnic groups in Croydon are White British (61%), Black Caribbean (8%), Indian (7%) and Black African (5.17%)¹.

Demographers have estimated a 3% fall in the white population and an 18% rise in the BME population by 2011.

Black and Minority Ethnic populations are generally found to reside in higher concentrations to the north/north west of the borough. West Thornton has the highest average percent BME population at 68.9% and 67.8% reside in Bensham Manor. A high percentage of the BME population (compared to the overall borough proportion) can be found in three of the six most deprived wards in Croydon. Broad Green 54.5%, Selhurst 53.9%, and South Norwood 43.8%.

Christians represent the largest religious groups in Croydon (65.1%) with Muslims (5.3%) and Hindu faiths (5.1%) comprising the next 2 top faiths within the borough.

About 12% of adults and children in Croydon have some form of disability, and approximately 10% of Croydon's population are lesbian, gay, bisexual or transgender.

05/06 Data from the National Drug Treatment Monitoring System (NDTMS) showed that only 26% of people entering treatment were female. Women continue to be disproportionately low in treatment, and women also appear to have quite low retention rates. A factor that has been suggested is a reluctance to engage with services because they have children.

Although the true prevalence of substance misuse among people from Black and Minority Ethnic populations is unknown they are thought to be under represented in treatment services (31% in drug services, 15% in alcohol services), with people from Caribbean communities disproportionately higher (10.25%) than any other population. People from Asian populations are the groups with the lowest proportion in treatment (2.5% in drug services and 1.5% in alcohol services). Retention amongst people from BME groups increases the longer the treatment period.

A higher proportion of young women and people from BME communities can be found in young people's services (aged 12-25). It has been suggested that this is due to higher levels of awareness of drugs issues than their parents due to the education they receive at school.

In 06/07 Croydon DAAT was selected by the Government Office for London to become a High Focus Area. The aim of the HFA pilot and the diversity theme is to help young people's services make more progress on this area of the young people's process checklist. A diversity audit will be conducted which

¹ Source: ONS Mid-2003 Population Estimates by Ethnic Group (Experimental Statistics)

Final Draft

will feed into the development of an inclusion strategy.

OUR AIMS ARE TO

To ensure that individuals with substance misuse problems are able to access suitable assessment and treatment services locally, regardless of their geographical location, occupation, disability, family status, gender, sexuality, ethnicity, language, ability, age or legal status.

OUR TARGETS ARE TO

- To increase the number of women in treatment services
- To increase the retention of women in treatment services
- To increase the number of people from BME populations in treatment services

ACTIONS THAT WILL BE TAKEN IN 2007/08

1. Establish an Equalities and Diversity group to support the development and implementation of:
 - A DAAT Equalities and Diversity statement
 - an Equalities and Diversity Plan
2. Provide outreach services targeted at:
 - Women
 - People from Black and Minority Ethnic Communities – especially people from Black Caribbean and Asian populations
3. Extend satellite outreach provision to the North and North West of the borough

OUR FUTURE ACTIONS ARE TO

To be agreed

WHO IS RESPONSIBLE FOR MAKING IT HAPPEN ?

DAAT Project Manager

ADULT TREATMENT

WHAT IS THE CURRENT SITUATION?

From information gained in a recent needs assessment undertaken by the DAAT and Public Health there are an estimated 3096 problematic drug users in Croydon. Of this number it is estimated that 1,500 use opiates and crack cocaine, 800 use opiates only and 800 use crack cocaine only. Prevalence indicates there are 860 injecting drug users (IDUs) using opiates or crack cocaine and that approximately 300 IDUs are accessing Pharmacy-based Needle Exchange schemes in Croydon. The recent report 'Shooting Up' states there is a major problem with Hepatitis C among IDUs in that almost half of current IDUs have been infected with Hepatitis C. There has also been an indication that IDUs are using risky injections sites e.g. injecting in the groin becoming common place.

Due to increases in dedicated drugs funding over the last few years, Croydon has been able to expand drug treatment services. As a result there has been a significant increase in the number of people entering treatment: 245 in 1998/99 to 1182 in 2006/07. The majority of people are treated for heroin and crack use, but increasingly Croydon is seeing more 'poly' drug users, often combining drugs with alcohol. This can present challenges for treatment services who strive to meet the needs of this complex group. Young people often have different needs, tending to present with alcohol and cannabis as their preferred drug of choice. (see section on Young People)

Croydon has benefited recently from a number of Home Office funded initiatives, namely the Drug Intervention Programme (DIP) and its recent addition 'Tough Choices' (see Criminal Justice section). It is anticipated that an even greater number of criminal justice clients who use drugs will be 'directed' under these initiatives to fast track people into treatment, as this initiative has been extended from April 07. The challenge for treatment services is to retain this often 'difficult to engage' group in treatment and achieve successful completions of treatment.

Croydon is committed to involving service users and carers in the care and treatment of people with substance misuse problems. For the past year service users have contributed at a personal, service and strategic level in developments in drug treatment which has resulted in improvements for this client group. This level of involvement has been extended to families, friends and carers of people with substance misuse and the DAAT aims to have the same level of success.

OUR AIMS ARE TO

- Enable people with drug problems to overcome them and live healthy and crime-free lives by improving the availability, quality, access retention rates and overall success of drug treatment services.
- Protect Croydon from drug-related anti-social and criminal behaviour by extending and improving the range of local services targeting drug-related offenders to reduce the likelihood of further offending.

Final Draft

OUR TARGETS ARE TO

Croydon DAAT has a number of targets. Some are national and others are local targets, which have been agreed by partner agencies as priorities for Croydon.

National Targets:

- To increase the number of people entering drug treatment from 1233 (06/07) to 1450 (07/08)
- To reduce or maintain waiting times in line with national targets: For all modalities except rapid prescribing (which remains at 5 days) and 'other interventions' (now 1 week) – 85% of people will receive their 1st intervention within 3 weeks and 90% will receive their subsequent intervention by 3 weeks.
- To increase the retention of people in drug treatment services - 85% of people will be retained in treatment for 12 weeks or more during 07-08.
- To achieve a greater number of successful outcomes (completions) for those entering drug treatment by 31.03.08 as follows:
 - * Inpatient Detox 73%
 - * Residential Rehab 63%
 - * Specialist Community Prescribing 65%
 - * Rapid Prescribing 65%
 - * GP Prescribing 64%
 - * Psychosocial interventions 60%
 - * Structured Day Care 65%
 - * Other interventions 60%

ACTIONS THAT WILL BE TAKEN IN 2007-08

1. To increase the accessibility of services offered i.e. reduce waiting times and extend opening times, in particular to reduce waiting times for Specialist Prescribing and Inpatient Services. This will include extending shared care with GPs and engaging a GP with special interest in substance misuse.
2. To ensure 'hard to reach' groups are targeted and have access to a range of services by the re-commissioning of outreach services which will meet the needs identified in the Outreach Strategy and Local Needs Assessment
3. To continue to ensure that service user and carer involvement underpins and is integral to the commissioning, review and evaluation of drug and alcohol provision in Croydon, by supporting the Service User Representative Group and the recruitment of a dedicated co-ordinator.
4. To meet the Treatment Effectiveness agenda by further development of policies and practice based on Models of Care i.e. implementing single assessment processes, care pathways and planned discharges policies etc.
5. To ensure the DAAT has a robust information system and services are supported to produce accurate and reliable information which will assist with future commissioning decisions.
6. To continue to invest in the development of aftercare provision, i.e. housing, education, training and employment to support the treatment agenda and thus increase the number of people being retained in treatment and support services.
7. Increase the capacity and skills of the drug service workforce in order to ensure that clients get the best possible support
8. To increase engagement in treatment and prevent re-offending for problematic drug users by providing temporary accommodation

Final Draft

9. Increase access to education, training and employment for ex-drug users to prevent re-offending

OUR FUTURE ACTIONS ARE TO

- Undertake another local needs assessment in autumn 2008. Based on this to review the Drug Treatment Plan in October 2008 and submit a plan for 08-09 by December 2008². This is likely to be a continuation of our existing plan that will aim to increase the access, quality and effectiveness of drug and alcohol treatment services for the future.
- Continue to place emphasis on reducing drug related offending with the Drug Intervention Programme and increasing the number of offenders accessing and being retained in treatment³.

WHO IS RESPONSIBLE FOR MAKING IT HAPPEN ?

DAAT Joint Commissioning Manager

² subject to the continuation of ring-fenced funding

³ subject to continuation of funding and any policy changes

Criminal Justice

WHAT IS THE CURRENT SITUATION?

There is a strong link between drug misuse and crimes such as shoplifting, burglary, vehicle crime and theft. Heroin, crack and cocaine users are responsible for 50% of these crimes and around three quarters of crack and heroin users claim to be committing crime to feed their habit.

Getting people into treatment quickly can have a significant impact on reducing drug-related crime. The Drug Intervention Programme (DIP) targets people who offend and use drugs. It provides early identification of problematic drug users and rapid access to treatment and support in order to reduce their potential re-offending. People arrested for 'trigger offences' (i.e. acquisitive crimes and drug possession and supply) are tested for heroin and crack/cocaine. If they test positive there is a legal requirement that they attend an initial assessment by a drugs worker and then a follow up assessment in the community. People can be charged with a separate offence if they fail to comply with the assessment requirements. People's willingness to engage can also be used to restrict people's applications for bail and subsequent sentencing. The DIP team are also required to work closely with Prisons to help facilitate a smooth transition for drug users who are entering the prison system or who are being released back out into the community to ensure that they receive the treatment they require.

Prolific drug misusing offenders can be subjected to Drug Rehabilitation Requirements (DRR's). These are community sentences managed by Probation that are designed to keep people out of prison and to help address their substance misuse and related offending behaviour. DRR clients receive treatment in the community and are regularly drug tested to ensure that they are complying with the order.

Data for the period April – November 06 shows that out of 1408 people drug tested, 30% (412) tested positive. 52% of this number tested positive for cocaine/crack only, 35% for cocaine and heroin and 13% for heroin only. Of those that tested positive the main offences that they were arrested for were theft and burglary. This provides very clear evidence for problematic Class A drug use being a generator for acquisitive crime.

OUR AIMS ARE TO

Protect Croydon from drug related anti-social and criminal behaviour by extending and improving the range of local services targeting drug related offenders to reduce the likelihood of further offending.

Final Draft

OUR TARGETS ARE TO

95% of adults arrested for a trigger offence to be drug tested.

95% of adults who test positive and have an initial required assessment imposed, to attend and remain at the initial required assessment.

85% of adults assessed as needing a further intervention, to be taken onto the caseload.

95% of adults taken onto the caseload to engage in treatment.

Achieve 71 Drug Rehabilitation Requirement (DRR) commencements by March 31st 2008.

ACTIONS THAT WILL BE TAKEN IN 2007/08

1. Complete the tendering process for the new Drug Intervention Programme Core Team provider to ensure that drug using offenders are identified and supported into treatment to prevent re-offending.
2. Implement the 'Tough Choices' agenda so that we are drug testing
3. people on arrest for trigger offences, delivering required assessments, delivering follow up assessments, enforcing restrictions on bail as appropriate and providing rapid access to support in order to reduce re-offending.
4. Ensure DIP clients are given rapid access to the appropriate treatment and support they need.
5. Ensure problematic drug users have access to housing advice and support services to help ensure that they stay retained in treatment.
6. Assertively re-engage DIP and other Criminal Justice clients back into treatment and support when they have dropped out of the system.
7. Increase the range of treatment and support for drug-using offenders who are managed by Probation including PPO's and those placed on Drug Rehabilitation Requirements in order to successfully retain them and reduce re-offending.
8. Improve partnership working with Prisons to ensure that people either entering or leaving custody are referred and treated appropriately.
9. Ensure outputs and outcomes of the Drug Interventions Programme are evidenced and recorded properly through implementing a review of data collection processes

Final Draft

OUR FUTURE ACTIONS ARE TO

Continue to support the new DIP Core team provider in developing the service and improving outcomes for clients

WHO IS RESPONSIBLE FOR MAKING IT HAPPEN ?

DAAT Criminal Justice Manager

Alcohol

WHAT IS THE CURRENT SITUATION?

The vast majority of people enjoy alcohol without causing harm to themselves or to others – indeed they can also gain some health and social benefits from moderate use. But for some, alcohol misuse is a very real problem. The estimated cost of alcohol misuse nationwide is around £20bn a year. This is made up of alcohol-related health disorders and disease, crime and anti-social behaviour, loss of productivity in the workplace, and problems for those who misuse alcohol and their families, including domestic violence.

There are currently 904 licensed premises in Croydon with 53 located in the town centre. These include off licenses, restaurants, pubs and night clubs. The busiest trading times in the town centre are on a Friday and Saturday night where premises are able to accommodate up to 18,000 people. Irresponsible drinks promotions can encourage binge drinking and create additional pressures on the police and health services. Croydon's town centre has the highest volume of violent crime in the Borough. Ongoing consultation with the community has found that their main crime concern is on the level of alcohol related disorder in the town centre. This impacts on Croydon's image and the fear of crime amongst local residents.

A strategic review of Croydon's drug and alcohol services was published in January 2006. There was positive feedback from service users on the quality of care provided although access problems were identified through waiting times and restrictive opening hours of services. There were also some gaps identified within alcohol services, including the lack of an open-access, low threshold drop-in service, the fact of there being no local structured day programme, and the absence of a screening and brief interventions programme.

Adult alcohol services are under-resourced, in comparison to adult drug services. This is both a national and local issue. Under-resourcing has led to a situation in which it has become extremely challenging to take forward the development of adult alcohol services, despite a significant body of evidence of the extent of alcohol-related harm in contemporary British society, and despite high referral numbers to services. Generating funds to enable the development of alcohol services is therefore a top strategic priority.

OUR AIMS ARE TO

To increase awareness of the risks of alcohol misuse and to promote safe and responsible drinking throughout Croydon

Reduce the level of drunkenness, alcohol related crime and disorder and risks to personal safety in the town centre and reassure people that it is a safe place to go out in at night by using a combination of advice, prevention,

Final Draft

diversion and enforcement action.

To provide more accessible and better quality treatment and support for problematic alcohol users

OUR TARGETS ARE TO

Reduce the number of violent crimes (GBH, ABH and Common Assaults) in Fairfield Ward by 4% from 646 to 620 by 2008.

A reduction in the public's perceptions of drunk and rowdy behaviour.

A reduction in chronic and acute ill health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions

Most people will be able to estimate their own alcohol consumption in units

Most people will be able to know where to go for advice or support for alcohol misuse.

Proportion of people drinking within the Department of Health's sensible drinking guidelines.

Proportion of people who are drinking more than 50 units a week (35 units for women), and of those drinking more than twice the sensible daily drinking guidelines on a regular basis.

Reductions in the number of under-18s who drink and in the amount of alcohol they consume.

Please note: Most of these targets are taken from the Updated National Alcohol Strategy, with local and national baselines not having been set. More work is needed in establishing local baselines and setting targets.

ACTIONS THAT WILL BE TAKEN IN 2007/08

1. Increase awareness of professionals in Croydon of how to identify and manage alcohol misuse through the delivery of 4 basic alcohol awareness training sessions and targeting of specific areas
2. Highlight the issues of binge drinking, drink spiking and personal safety during the "Think Safe, Drink Safe" campaign
3. Information on accessing treatment and support for alcohol problems to be available in all GP practices, Health Centres and libraries through delivering an annual mail out.

Final Draft

4. All schools to offer alcohol-specific education as part of Personal, Social and Health Education. See the Young people's section for more details
5. Increase the identification of alcohol misuse and the delivery of brief interventions for alcohol users within GP practices through the delivery of training for both GPs and practice nurses
6. Initiate brief interventions work with patients in A & E and throughout Mayday Hospital who present with alcohol related issues to help engagement with treatment and support
7. Explore the delivery of brief interventions and assessments for treatment/support for alcohol related offenders in custody suites and courts (for example people using drugs and alcohol problematically, repeat drunk and disorder offenders and domestic violence). This would include victims, if appropriate.
8. Deliver targeted outreach to street drinkers in the Town centre
9. Maintain a high-visibility presence of patrolling police officers, community support officers and street wardens within the town centre
10. Conduct a programme of joint police and Trading Standards inspections of pubs, clubs and bars in the town centre to ensure that they comply with relevant legislation including underage sales and selling to people who are intoxicated.
11. Encourage responsible management of licensed premises through Pub & Club Watch
12. Continue to enforce the Street Drinking ban
13. Celebrate good management of licensed premises using the "Best Bar None" awards

OUR FUTURE ACTIONS ARE TO

Continue to explore funding opportunities
Implement Models of Care for Alcohol Misuse

WHO IS RESPONSIBLE FOR MAKING IT HAPPEN ?

DAAT Co-ordinator

Final Draft

Young people

WHAT IS THE CURRENT SITUATION?

Since 2005 the young people's substance misuse strand of the Government's Drug Strategy has been governed by an additional policy document 'Every Child Matters: Change for Children Young People and Drugs'. The emphasis is to improve the provision of early intervention through the Change for Children programme so that mainstream agencies can do more to prevent drug misuse earlier on. The approach has the following 3 main objectives :

1. Building Provision Around the Needs of Young People, Particularly the Most Vulnerable: Universal Education, Information and Advice

Universal drug education is delivered largely through the National 'Healthy Schools' Programme. The Healthy Schools Team reported the following progress in 06/07:

48 targeted schools or 40% have now achieved NHSS/Level 3, compared to 12 schools in 05/06. 93 targeted schools are involved in the programme in total, which means 45 schools are currently working towards accreditation.

External agencies have continued to assist with drug education in Croydon and these include: Life Education Centres, Theatre ADAD, Croydon Drop-In and Drugs N Alcohol Service (DNA) at Off the Record.

2. Early Identification and Interventions Targeting Vulnerable Young People

Young Offenders

Good progress continues to be made with young offenders. From April to December 2006:

- 84.30% or 290 young offenders out of 344 were screened for substance misuse.
- 88.10% or 74 young offenders out of 84 with identified needs received an appropriate assessment within 5 working days.
- 98.75% or 79 young offenders out of 80 received the early intervention or treatment services they required within 10 working days.

Looked After Children

A key achievement during 06/07 has been the continued development of the Life Skills Programme in Local Authority residential units and the Oak Avenue Project. However, the identification, assessment and interventions aspect for LAC has taken longer than anticipated to implement, despite support from senior management in the Children's Services Division. A consultant was recruited in 06/07 and it is anticipated that this extra resource will help to make more progress on screening.

Truants and Excldees

The range of interventions currently being provided for excludees include regular substance misuse drop-in services at Conningsby, Phil Edwards and Moving On Pupil Referral Units (PRUs) offering group work or one to one

Final Draft

support for young people. Moving On PRU has also piloted substance misuse screening for their pupils. However, not enough progress has been made in terms of identifying and targeting truants who may have substance misuse issues during 06/07.

3. Specialist Treatment Services

Local young people's treatment services continue to make good progress around engaging young people in their specialist services. At the end of March 2007 there were 308 young people (under 18 years old) from Croydon in substance misuse treatment services, compared to 127 in 04/05⁴. Therefore, Croydon's has met the National KPI of increasing the participation of young problem drug users in treatment programmes by 50% between 2004 and 2008.

OUR AIMS ARE TO

PSA: Reduce the use of class A drugs and the frequent use of any illicit drug amongst all young people under 25, especially the most vulnerable.

Make sure children and young people know about the risks of harmful substances, and reduce the risks of substance misuse (priority in the local Children and Young People's Plan 2006-09).

OUR TARGETS ARE TO

- To increase the number of schools accredited to the National Healthy Schools Standard by 55% of all LEA schools (or 66 Croydon LEA schools) by December 2007 and ensure that 90% (or 108 of Croydon LEA schools) have joined the scheme. All LEA schools to be working towards the National Healthy Schools Standard by 2009 (or 120 Croydon LEA schools).
- Ensure that all young offenders supervised by the Youth Offending Team (YOT) are screened for substance misuse. Once screened ensure that those with identified needs receive appropriate assessment within 5 working days and following the assessment, access the early intervention and treatment services they require within 10 working days.
- Ensure that all young people looked after by the Local Authority, aged 12 years old and over, are screened for substance misuse and that those who are identified as needing an intervention receive it.
- Increase the participation of young problem drug users (under 18 years old) in treatment programmes from 308 (06/07) to 354 (07/08).

ACTIONS THAT WILL BE TAKEN IN 2007/08

⁴ Source: NDTMS returns, NTA website

Final Draft

Below is a summary of the key actions from the Young People's Substance Misuse Plan for 07-08⁵:

1. To rollout the substance misuse screening of Looked After Children throughout Children's Services Division and increase the availability of the Life Skills programme for Looked After Children.
2. Roll-out substance misuse screening to all the secondary PRUs. Develop a referral protocol/pathway for early intervention and appropriate treatment for all excludees.
3. Develop a referral protocol/pathway for identification and early intervention with all persistent truants with substance misuse problems. Ensure training for staff is delivered that covers how to use the protocol/pathway.
4. Continue to look at ways of improving the YOT's performance against the screening, assessment and intervention KPI and aim for a green status on all 3 aspects of the target.
5. To develop a strategy for meeting the needs of children of substance misusing parents/carers.
6. Continue to develop the Virtual Team of substance misuse practitioners. The Virtual Team Coordinator is responsible for enhancing local treatment services and care coordination for young people in services or those who require them.
7. Croydon was identified as A High Focus Area pilot in 2006 for young people's substance misuse work. The Government Office for London Team will continue to provide support in the form of a consultant until August 2007, who will assist us to make more progress on the Every Child Matters: Change for Children agenda.

OUR FUTURE ACTIONS ARE TO

- Continue to play an active role in the Children's Trust developments in order to ensure that young people's substance misuse issues are kept on the agenda and to assist with any changes in accountability for young people's substance misuse work.

WHO IS RESPONSIBLE FOR MAKING IT HAPPEN?

DAAT Young People's Co-ordinator

⁵ The full plan can be found on the DAAT website www.croydondaat.org.uk

HOUSING

WHAT IS THE CURRENT SITUATION?

Appropriate and sustainable housing is a foundation for successful engagement and rehabilitation of substance misusers, especially drug using offenders. Suitable housing provision and housing support is crucial to sustaining employment, drug treatment, family support and finances. It is also a major resettlement need for those leaving prison and residential rehabilitation in particular. This group is typified by complex vulnerabilities, and housing support is highlighted as one method successful in helping their return to independent living, especially alongside the provision of drug services.

Substance misuse is not considered an indicator of vulnerability for the Local Authority so many drug users are not eligible for social housing. Therefore Croydon Drug and Alcohol Action Team (DAAT) has commissioned a number of services to bridge that gap which include:

- Direct Access Temporary Accommodation
- Supported Shared Housing
- Floating support workers
- Assertive outreach
- Rent in Advance Scheme

In 2005 the National Treatment Agency (NTA) worked with the Home Office and the Office of the Deputy Prime Minister (ODPM) to create a target to improve joint working on housing support services for drug misusers. From 2006/2007 partnerships will use the Single Client Record Form data to monitor the numbers of primary and secondary drug users accessing Supporting People services.

Between Oct 2005 and March 2007 69 people were placed into direct access temporary accommodation and 56 were placed through the Rent in Advance scheme. A large proportion of the target group (70%) come through the Drug Interventions Programme (DIP). 36% are from BME populations and 20% are female. A shortage of available accommodation, however, means that waiting times can be a few months. The DAAT and our Housing partners are in the process of reviewing current provision with the aim of enabling speedier move-on.

Although we are getting verbal feed back that addressing the housing problem is proving to be a key contributor to remaining in treatment, we are in the process of carrying out an evaluating to:

1. assess the impact of the schemes on:
 - i) the clients' continued engagement with treatment
 - ii) a reduction in clients' involvement in criminal activity
2. Get a view from the clients as to whether these projects are appropriate to their needs, has helped them and had a direct impact on their rehabilitation
3. Get the views of partner agencies on the scheme
4. Identify any areas for improvement

Final Draft

OUR AIMS ARE TO

Increase the availability and access to stable accommodation enabling clients to engage and be retained successfully in treatment. More specifically our aims are to:

1. Increase access to short-medium term accommodation for people misusing illicit drugs who are:
 - Entering and/or engaged in treatment before permanent move on accommodation can be found
 - In recovery on their release from prison before permanent move on accommodation can be found
 - Moving between residential treatment services i.e. inpatient detoxification to residential rehabilitation
2. Increase access to longer term accommodation and provide resettlement advice and support for people with a history of substance misuse

OUR TARGETS ARE TO

Increase the numbers of drug users entering housing support (as measured by the Single Client Record Form) from 104 in 2006/07 to 115 in 2007/08

ACTIONS THAT WILL BE TAKEN IN 2007/08

1. Evaluate the effectiveness of current DAAT housing schemes
2. Together with Supporting People carry out a review of current supported housing provision for substance misusers
3. Re-tender housing support outreach projects as part of tender exercise
4. In collaboration with our housing partners, expand available housing options including private sector-based accommodation
5. Implement recommendations from the housing evaluation

OUR FUTURE ACTIONS ARE TO

Continue discussions with LBC Housing re substance misuse being deemed 'vulnerable' in local housing policy

WHO IS RESPONSIBLE FOR MAKING IT HAPPEN ?

DAAT Project Manager

WORKFORCE DEVELOPMENT

WHAT IS THE CURRENT SITUATION?

The NTA is implementing a programme of workforce development at a national level to achieve expansion in the workforce and improve training and professional development of these employees. The programme consists of:

- the development of a national set of competencies for the substance misuse sector (DANOS, May 2003)
- a qualification framework with clear pathways for entry, progression and transfer across sectors based on these
- Other relevant national occupational standards from health, social care and criminal justice.

The workforce development programme is influenced by a national skills shortage within the drugs field and the NTA has recognised that the required levels of expansion and improvement in treatment cannot be achieved without a significant expansion in the workforce. The increased demand on services coupled with low numbers within the drugs field signifies a need to attract people from other disciplines into the workforce. Access to education, training and employment (ETE) is acknowledged as a key factor in the aftercare of people who enter into treatment and should be seen as an integral part of their treatment journey. In addition it is crucial that where a client is in employment, they are supported to remain in the job while undergoing treatment and/or supported to return to work following treatment.

In the last year we have developed a Workforce Development strategy and, with the support of a workforce consultant, have been working to establish methods for achieving its aims. We recently set up the Workforce Development Implementation Group made up of representatives from Croydon College, South London Learning Partnership and our treatment services, and are in the processing of reconfiguring the trainers group⁶ into a support and evaluation/quality assurance group for trainers.

OUR AIMS ARE TO

1. Support services to ensure that the existing workforce is competent and skilled up to deliver the national and local treatment effectiveness strategies
2. Increasing the workforce by providing pathways into drugs work
3. Develop pathways for service users into Employment, Training and Education (ETE) initiatives
4. Work with the business community to support good practice in dealing with employees who may have substance misuse issues

OUR TARGETS ARE

⁶ Croydon Action on Training

Final Draft

The 2008 targets for the professional development of practitioners and managers, based on occupational standards are:

- 75% of non professionally trained staff are undertaking or have achieved NVQ 3 or equivalent
- 60% of professionally trained staff are undertaking a programme of continuous professional development, including professional development awards
- 90% of managers are undertaking or have achieved an appropriate management training programme as defined by their employers

ACTIONS THAT WILL BE TAKEN IN 2007/08

1. Develop a training package that provides the local community including (ex) drug users with pathways into the drugs field.
2. Continue to deliver the DAAT drug and alcohol awareness courses, which are available free for all professionals working in the Borough.
3. Continue to deliver targeted training for identified groups of professionals to raise the profile of substance misuse issues and local services
4. Ensure all staff in substance services are aware of the training opportunities offered by their own organisation and other provider organisations as well as mainstream education and training providers e.g. Croydon College
5. Ensure that staff are made aware of non-substance misuse training locally available, particularly management training
6. Support the development of a system of accrediting or assuring the competence of staff
7. Carry out a review of existing ETE provision in Croydon
8. Explore opportunities to develop ETE projects within the LEGI⁷ initiative
9. Develop links with Job Centre Plus and Progress 2 Work

OUR FUTURE ACTIONS ARE TO

- Work with the business community to support good practice in dealing with employees who may have substance misuse issues

WHO IS RESPONSIBLE FOR MAKING IT HAPPEN ?

⁷ Local Enterprise Growth Initiative

Final Draft

DAAT Project Manager

AVAILABILITY AND ENFORCEMENT

WHAT IS THE CURRENT SITUATION?

Reducing supply and reducing drug related crime and its impact on our communities are key elements of the National Drugs Strategy. Police intelligence shows that drug offences such as possession and supply are an increasing problem in Croydon, especially in respect of Class A drugs of which crack cocaine and cocaine appear the most significant. Drugs offences are occurring around the town centre and in the deprived areas of Thornton Heath and South Norwood. There has been an increase in activity to target suppliers of Class A drugs and a number of high profile operations have been successfully implemented in the last year.

In 2006 the DAAT and Police (Proactive Unit) co-hosted a workshop which included drug treatment (outreach) service providers. The aim of the workshop was to explore how to achieve better joint working between the DAAT, Police and other partners. It was agreed that the DAAT could support partners at the following stages:

1. Intelligence – Through supply mapping, information gathered from quarterly monitoring meetings to support the identification of target areas
2. Prevention – Providing satellite services in identified areas. Interventions would be monitored for a period.
3. Enforcement – Attending Class A Closures when the main perpetrator is deemed to be vulnerable and in need of support (back) into treatment.
4. Aftermath – Providing satellite services in the area for a period to pick up any drug users who may wish to enter treatment.

In the last year closer links have been forged between the DAAT unit, Community Protection Team, Safer Neighbourhood Teams and Croydon Police Proactive Unit. Sustained police activity has seen a reduction in the number of crack houses opening in the borough of the last few years. Where crack houses and static open dealing does occur, rapid action is taken by the police in partnership with other agencies, including the Council to secure closure and prosecute the perpetrators. Since January 2006 Closure Notices have been served on 5 addresses, 4 of which resulted in Closure Orders (where the properties are closed for 3 months).

OUR AIMS ARE TO

- Reduce crime
- Reduce Business crime
- Reduce public perceptions of local drug dealing and drug use as a problem
- Reduce people's perception of anti-social behaviour
- protect our communities from drug related anti-social and criminal behaviour
- stifle the availability of illegal drugs in Croydon by tackling Class A

Final Draft

drugs markets, particularly crack and heroin

OUR TARGETS ARE TO

Increase the number of sanction detections for the supply of Class A drugs from 48 (06/07) to 50 (07/08).

Reduce by 2% public perceptions of drug dealing and drug use by 2010

ACTIONS THAT WILL BE TAKEN IN 2007/08

1. Work with Croydon Council's Community Protection Team and the Police to develop a multi agency protocol for the effective closure of premises used for the supply or use of Class A Drugs
2. Continue to target the supply of Class A drugs through the sharing of intelligence between local partners and executing proactive Police operations
3. Deliver drug prevention to young people, particularly those most vulnerable to problematic substance misuse
4. Carry out a mapping exercise with drug users to identify local Class A drug markets and hotspot locations

OUR FUTURE ACTIONS ARE TO

To be agreed

WHO IS RESPONSIBLE FOR MAKING IT HAPPEN ?

DAAT Project Manager

Information and data

WHAT IS THE CURRENT SITUATION?

The DAAT is responsible for collecting and monitoring a range of information relating to measuring performance of commissioned services and determining strategic priorities. This includes agency level activity data, facilitating returns to the National Drug Treatment Monitoring Service (NDTMS), National Treatment Agency (NTA), Drug Interventions Programme monitoring and partnership working with external agencies to get information to help determine strategic priorities. The DAAT need to improve the consistency and quality of information being collected and reduce the burdens being placed on agencies to submit information in different formats. The DAAT is also implementing a single assessment process across all adult drug services so that we standardise the information that is being collected from providers. The time is therefore right to look at data collection processes with these agencies. Work has already begun on grouping & categorizing data that's received at this time. This has facilitated for better data analysis but we still have a long way to go in regard to setting up a consistent and robust information gathering system.

OUR AIMS ARE TO

Improve the quality of data being provided to the DAAT by drug services

Improve drug agency compliance with data requirements for central government

Improve the information given to the DAAT by external agencies to help facilitate more accurate strategic analysis

To avoid duplicate data reporting by provider services thus facilitating a single reporting process that meets all requirements for the service, DAAT and central government returns

OUR TARGETS ARE TO

All agencies to be assessed as having good quality NDTMS data

All services to comply with the NDTMS minimum data set

All clients shown on the Drug Interventions Record web tool (DIRWeb) as entering treatment to also be identified on the NDTMS.

ACTIONS THAT WILL BE TAKEN IN 2007/08

1. Ongoing mapping of data requirements from services that are over and above the NDTMS minimum data sets for adults and young people – revised from last year to incorporate the new NDTMS core data set
2. Ongoing investigation on the feasibility of introducing a universal web based system due to the introduction of the single assessment tool
3. To complete the delivery of annual audit on all substance misuse data/information to help inform the DAAT's strategic planning for 2007/2008
4. Continue producing quarterly reports on individual service providers in time for agency monitoring meetings
5. Ensure provider service level agreements contain clear guidelines for the accurate administration of information onto agreed systems and within agreed timescales.
6. Ongoing work to establish an accurate cross referencing framework so that criminal justice clients can be tracked through treatment services to measure outcomes
7. Continue monitoring performance management template that will tabulate the actual date data is submitted to DAAT together with scores pertaining to accuracy levels.
8. Deliver further analysis/audit on the young people's data
9. Ongoing research on the practicality and feasibility of an electronic management system
10. Further research on the provision of analytical software

OUR FUTURE ACTIONS ARE TO

To complete the outcome on the functionality of electronic management system
Establish a robust analytical tool that facilitates wider spectrum of data analysis and cross referencing

WHO IS RESPONSIBLE FOR MAKING IT HAPPEN ?

DAAT Data Manager

Communications

WHAT IS THE CURRENT SITUATION?

Tackling drugs to change lives by reducing harms caused to individuals, families and communities is the ambition that drives the national drug strategy. Much progress has been made including reduced drug related offending, record numbers accessing treatment, reductions in young people using drugs and sustained activity to reduce drug dealing and seize drugs. The media does not always reflect this though and there are still one in four people that think that using or dealing drugs is a very or fairly big problem in their local area. More needs to be done to tell communities about the investment, work and effort that makes a real difference to people's lives.

There is still work to do though. Although Croydon has seen massive increases in people accessing treatment we still need to raise the profile of local services in order that more people know where to go for help and support. We also need to provide consistent and accurate information on what the real facts are about drugs. This applies to young people so that they are equipped to make informed decisions about drug use but also for the wider community so that they are aware of what the real dangers are and what they can do to prevent drug related harm in their community. We must also consult with services users to get feedback on people's experiences of receiving services and with the local community so that we are able to understand the areas where more work needs to be done.

OUR AIMS ARE TO

Reassure the public that much positive work is taking place locally to reduce drug related offending and to improve people's lives and communities.

Increase awareness of substances so that people are able to take informed decisions and take positive action to reduce harm

Increase awareness of local services so that people are able to access the treatment and support they need

OUR TARGETS ARE TO

Deliver 7 level one drug awareness sessions, 4 level two drug awareness sessions and 3 basic alcohol awareness sessions by March 2008

Reduce by 2% public perceptions of drug dealing and drug use by 2010

ACTIONS THAT WILL BE TAKEN IN 2007/08

1. Continue to promote the FRANK campaign to young people in the

Final Draft

borough.

2. Increase awareness of substance misuse and specialist services available locally through the production of the Croydon Guide to drug and Alcohol Services
3. Continue to distribute Healthy-Schools drug awareness leaflets for parents and carers of year 6 and year 9 pupils in the borough.
4. Conduct a review of the Croydon DAAT website (www.croydondaat.org.uk) to ensure that it is easily accessible and appropriate for its target audience.
5. Review the availability of harm reduction literature available locally so that we are providing consistent and up to date information on safer practices and where to get help.
6. Continue to produce the quarterly DAAT Newsletter to inform key stakeholders what is happening in the substance misuse filed in Croydon.
7. Participate in Tackling Drugs Day to promote local services with the local public and raise the profile of substance misuse generally.
8. Distribute conference information, policy updates, news and other information as appropriate to local stakeholders.
9. Work with the local media to ensure that they are aware of where to come for advice on substance misuse stories and that positive news stories are given to them when appropriate.
10. Ensure the Croydon Talkabout survey includes appropriate questions relating to drug and alcohol use so that perceptions can be measured

OUR FUTURE ACTIONS ARE TO

To continue to promote the good work that is happening in Croydon and to raise people's awareness of substance misuse and of the services that are available.

WHO IS RESPONSIBLE FOR MAKING IT HAPPEN ?

DAAT Office Manager

Glossary

CAMHS	Child and Adolescent Mental Health Service
CARAT	Counselling Assessment Referral Advice and Throughcare
CJS	Criminal Justice System/Services
DAAT	Drug and Alcohol Action Team
DIP	Drug Intervention Programme
DRR	Drug Rehabilitation Requirement
IDUs	Injecting Drug Users
KPI	Key Performance Indicators
LAC	Looked After Children
LEA	Local Education Authority
NDTMS	National Drug Treatment Monitoring System
NHSS	National Healthy Schools Standard
NTA	National Treatment Agency
PDU _s	Problematic Drug Users
PRU _s	Pupil Referral Units
PSA	Public Service Agreement
SSD	Adult Social Services Department
YOT	Youth Offending Team

Final Draft

Useful contacts and websites

Croydon Drug and Alcohol Action Team Co-ordination Unit

Suite D/E, 6th Floor, Carolyn House, 22-26 Dingwall Road, Croydon, CR0 9XF

Tel: 020 8760 5579

www.croydondaat.org.uk

The Government Office for London Drugs Team

Government Office for London,

4th Floor, Riverwalk House, 157-161 Millbank, London, SW1P 4RR

Tel: 020 7217 3446

London Drug Policy Forum

London Drug Policy Forum, c/o City of London, Suite 422, London Fruit & Wool Exchange, Brushfield Street, London E1 6EX.

Tel: 0207 456 1443

Email: David.Mackintosh@corpoflondon.gov.uk

<http://www.cityoflondon.gov.uk/ldpf>

National Treatment Agency London Region

4th Floor, Government Office London, Riverwalk House, 157-161 Millbank, London, SW1P 4RR

Tel: 020 7217 3307

www.nta.nhs.uk

Drug Strategy Directorate

Home Office, Direct Communications Unit, 2 Marsham Street, London, SW1P 4DF

Tel: 0207 035 4848

Email: public.enquiries@homeoffice.gsi.gov.uk

www.drugs.gov.uk

Drugscope

40 Bermondsey Street, London, SE1 3UD

Tel: 020 7940 7500

www.drugscope.org.uk

Alcohol Concern

First floor, 8 Shelton St, London WC2H 9JR

Tel: 020 7395 4000

E-mail: contact@alcoholconcern.org.uk

www.alcoholconcern.org.uk